



PART B - FEE(S) TRANSMITTAL

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7590 04/16/2002

COOLEY GODWARD LLP
ATTN: PATENT GROUP, FIVE PALO ALTO SQUARE
FIVE PALO ALTO SQUARE
3000 EL CAMINO REAL
PALO ALTO, CA 94306-2155

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| | | | | |
|---|-------------|----------------------|---------------------|------------------|
| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 09/467,669 | 12/18/1999 | DAVID C. RASMUSSEN | 3115.1000 | 2673 |
| TITLE OF INVENTION: METHOD AND APPARATUS FOR PROCESSING CONTROL USING A MULTIPLE REDUNDANT PROCESSOR CONTROL SYSTEM | | | | |

| | | | | | | |
|--------------|----------------|--------------|-----------|-----------------|------------------|------------|
| TOTAL CLAIMS | APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| 48 | nonprovisional | NO | \$1280 | \$0 | \$1280 | 07/16/2002 |

| | | |
|-------------------|----------|----------------|
| EXAMINER | ART UNIT | CLASS-SUBCLASS |
| BADERMAN, SCOTT T | 2184 | 714-010000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

COOLEY GODWARD LLP
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Triconex Corporation

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Irvine, California

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee
☐ Publication Fee
☒ Advance Order - # of Copies 10

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(Authorized Signature)

(Date)

Rick A. Toering, Reg. 43,195

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07/19/2002 00000175 09467669

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